Under the Paperwork Reduction Act of 1995, no persons are require	U.S. Patent and ed to respond to a collection	Trademark Office; Union of information unless	if displays a valid O	MB control number
PETITION FOR EXTENSION OF TIME UNDER	Docket Number (Optional) 204552030600			
FY 2005				
Application Number 10/695,001	Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)			2003
Application Number 10/093,001		Filed	October 29,	
For SEMICONDUCTOR LASER ASSEMBLY				
Art Unit 2828		Examiner	T. N. Ng	uyen
This is a request under the provisions of 37 CFR 1.1 dentified application. The requested extension and fee are as follows (che				
the requested extension and lee are as follows (one	Fee	Small Entity	_	00 20.01.7.
X One month (37 CFR 1.17(a)(1))	\$120	\$60	\$	120.00
Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$	
Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$	
Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$	
Five months (37 CFR 1.17(a)(5))	\$1080			
Applicant claims small entity status. See 37 (CED 1 27			
A check in the amount of the fee is enclosed.				
Payment by credit card. Form PTO-2038 is a				
X The Director has already been authorized to	charge tees in this a	application to a L	Jeposit Accour	π.
The Director is hereby authorized to charge a Deposit Account Number 03-1952	I have enclose	d-a-duplicate co m (PTO/SB/17)	py of this shee	t. Fee
I am the applicant/inventor.				
assignee of record of the enti Statement under 37 CFR			3/96).	
x attorney or agent of record. F	r <u>54,21</u>	7		
attorney or agent under 37 CI	FR 1.34.			
Registration number if acting u	inder 37 CFR 1.34		·	
and	December 4, 2006			
Signature	Date			
Adam Keser	(703) 760-7301			
Typed or printed name	Tel	ephone Numb	er	

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forms are submitted.

Total of

DEC 0 4 2006 B

PTO/SB/17 (01-06)
Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
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Application Number 10/695,001				8)	Complete if Known							
For FY 2006 First Named Inventor Nobulhiro NISHIYAMA Examiner Name Nobulhiro Nishiyama Examiner Nam					Application Number 10/695,001							
Examiner Name T. N. Nguyen Art Unit 2828 TOTAL AMOUNT OF PAYMENT (5) 120.00 Attorney Docket No. 204552030600 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number, 03-1952 Deposit Account Name: Morrison & Foerster LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) indicated below X Charge ene(s) indicated below X Charge fee(s) indicated below. except for the filling fee X Charge fee(s) indicated below. except for the filling fee X Charge fee(s) indicated below. except for the filling fee X Charge fee(s) indicated below. except for the filling fee X Charge fee(s) indicated below. except for the filling fee X Charge fee(s) indicated below. except for the filling fee X Charge fee(s) indicated below. except for the filling fee X Charge fee(s) indicated below. except for the filling fee X Charge fee(s) indicated below. except for the filling fee X Charge fee(s) indicated below. except for the filling fee X Charge fee(s) indicated below. except for the filling fee X Charge fee(s) fee(s) fee(s) fee(s) fee(s) fee(s) fee(s) fee(s) fee(s					Filing Date		October 29, 2003					
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METHOD OF PAYMENT (S) 120.00 Attorney Docket No. 204552030600					-[Examiner Name	niner Name T. N. Nguyen					
Check Credit Card Money Order None Other (please identify):	Applican	t claims small e	entity status.	See 37 CFR 1.27	\bot	Art Unit 2828						
Check Credit Card Money Order Onther (please identify): X Deposit Account Deposit Account Number, 03-1952 Deposit Account Name: Morrison & Foerster LLP	TOTAL AMOU	NT OF PAYN	IENT	(\$) 120.00	\perp	Attorney Docket No. 20455203)			
X Deposit Account Deposit Account Number, 03-1952 Deposit Account Name: Morrison & Foerster LLP	METHOD OF PAYMENT (check all that apply)											
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee X Charge fee(s) indicated below, except for the filling fee X Charge fee(s) indicated below, except for the filling fee X Charge fee(s) indicated below, except for the filling fee X Charge fee(s) indicated below, except for the filling fee X Charge fee(s) indicated below, except for the filling fee X Charge fee(s) indicated below, except for the filling fee X Charge fee(s) indicated below, except for the filling fee X Charge fee(s) indicated below, except for the filling fee X Charge fee(s) indicated below, except for the filling fee X Charge fee(s) indicated below, except for the filling fee X Charge fee(s) indicated below, except for the filling fee X Charge fee(s) indicated below, except for the filling fee X Charge fee(s) indicated below, except for the filling fee X Charge fee(s) indicated below, except for the filling fee X Charge fee(s) indicated below, except for the filling fee X Charge fee(s) indicated below, except for the filling fee X Charge fee(s) indicated below, except for the filling fee X Charge fee(s) indicated below, except for the filling fee X Charge fee(s) indicated below except X Charge fee(s) indicated below. except S Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Design 200 100 100 20 20 200 100 Design 200 100 300 250 600 300 00 00 Plant 200 100 300 150 600 300 00 00 00 Plant 200 200 100 00 00 00 00	Check Credit Card Money Order None Other (please identify):											
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Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 X Credit any overpayments	For the	above-identif	ied deposit	account, the Directo	or is l	nereby authorize	d to: (che	ck all that apply)				
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Name (Print/Type) Adam Keser Date December 4, 2006	Signature	a	-2				54,217	Telephone	(703) 760	J-7301		
	· · · · · · · · · · · · · · · · · · ·						Date [December	4, 2006			